

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Child States Marshall Service				
PLAINTIFF Elaine Mickman		COURT CASE NUMBER 2: 21-CV-04221-TJS		
DEFENDANT		TYPE OF PROCESS		
Philadelphia Professional Collections, LLC		*		
SERVE Philadelphia Professional Collections; a ADDRESS (Street or RFD. Apartment No., City, State and ZIP Cod 1650 Market St. One Liberty Place	O SERVE OR DESCRIPT	ION OF PROPERTY T	O SEIZE OR CONDEMN	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Cod	Suite 1800, f	Philadelphia	PA 19103	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285		
Elaine Mickman 1619 Gerson Dr.		Number of parties to be served in this case		
Nurberth, PA 19072		Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include				
All Telephone Numbers, and Estimated Times Available for Service): Please Serve between 9:00 an and 5:00 pm (phone 215 8647000)				
Signature of Attorney other Originator requesting service on behalf of:		NUMBER	DATE	
PLAINTIFF		69628	11/18/21	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DQ NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin No. 10 N		Deputy or Clerk	Date //- 23 - 2 (
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.				
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above) Kenneth Filb Executive Director		Date 12/16/21	Time am	
Address (complete only different than shown above) 4 the fe + Williams - LLF		Signature of U.S. Marshal or Deputy		
Costs shown on attached USMS Cost Sheet >>				
REMARKS 2.2 mi R/T x.56 = \$1.23				
1 HR @ 65.00/hr = \$65.00				
Total Service Fee. 66.23				

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PLAINTIFF	COURT CASE NUMBER			
Elaine Mickman	2:21-CV-04221-TJS			
White and Williams, LLP	TYPE OF PROCESS			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
SERVE				
AT ADDRESS (Street or RFD. Apartment No., City, State and ZIP Code) 1650 Murket St. One Liberty Place Suite 1800, Philadelphia, PA 19603				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be			
Elaine Mickman	served with this Form 285 Number of parties to be			
1619 Gerson Dr.	served in this case			
Narberth IPA 19072	Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,				
All Telephone Numbers, and Estimated Times Available for Service): Please Serve between	een 9:00 am and 5:00 pm			
Phone (215 8147000)				
Signature of Attorney other Originator requesting service on behalf of: TELEPHONE	NUMBER DATE,			
CO. D. P. PLAINTIFF				
Elame Michigan Defendant 61024	69628 11/18/21			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
	digitative of promotive a control pepting of circu			
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) No. Cole No. Cole	11-23-21			
That one OSM 250 is submitted	diomitted)			
I hereby certify and return that I have personally served, \(\) have legal evidence of service, \(\) have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.				
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above)	Date Time am			
Kenneth Gibb Executive Director	10/16/11 /. 3 3 pm			
Address (complete only different than shown above) Signature of U.S. Marshal or Deputy				
white + Williams - LLP				
(Ship)				
Costs shown on attached USMS Cost Sheet >>				
M. Leage - 0				
m, leage - 0				

Form USM-285 Rev. 03/21